Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Study Area Code (SA) (An Eligible Telecommunication)		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
	(====) 	oorstoons of the case of the anough which is provided Lifetine service).
2016	MN	Callaway Telephone Company Inc.
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Of (If same as ETC name, list "N	ther Branding Name NA" Do <u>not l</u> eave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
es the reporting comp	pany have affiliated ETCs?	Yes No No
S.R. § 76.1200.	ontrolled by, or is under common on	Act. That Section defines "affiliate" as "a person that (directly or indirectly) prership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		
fillated ETC's SAC		Affiliated ETC's Name
See attached workshe		
See attached workshed purposes of this filing mation, or other similar is (or partnership agreem aptroller, treasurer, or a contion 1:	g, an officer is an occupant legal document. An officer is nent), and would typically be p comparable position. If the file tification All ETCs must complete to	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. this section
purposes of this filing mation, or other similar is (or partnership agreem aptroller, treasurer, or a contion 1: Initial Certainty that the company list	g, an officer is an occupant legal document. An officer is nent), and would typically be p comparable position. If the file tification All ETCs must complete to sted above has certification pro-	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. This section occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
purposes of this filing mation, or other similar is (or partnership agreem aptroller, treasurer, or a continuation of the company listeview income and program, to the best of my	g, an officer is an occupant legal document. An officer is nent), and would typically be p comparable position. If the file tification All ETCs must complete to sted above has certification program-based eligibility document knowledge, the company was	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. this section
See attached workshed purposes of this filing mation, or other similar is (or partnership agreem aptroller, treasurer, or a continuation of the company list of the company list of the best of my income and/or program-b confirm consumer eligical confirmation consumer eli	g, an officer is an occupant legal document. An officer is ment), and would typically be p comparable position. If the file tification All ETCs must complete to sted above has certification program-based eligibility document knowledge, the company was based eligibility prior to his or head of the company was based eligibility where the company was based elig	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, et is a sole proprietorship, the owner must sign the certification. This section The determinant of the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state
purposes of this filing mation, or other similar s (or partnership agreem aptroller, treasurer, or a continuation of the company list tify that the company list teview income and program, to the best of my accome and/or program-b confirm consumer eligication if elime administrator print in the company is the confirm consumer eligication.	g, an officer is an occupant legal document. An officer is ment), and would typically be p comparable position. If the file tification All ETCs must complete to sted above has certification program-based eligibility document knowledge, the company was based eligibility prior to his or his bility by relying upon access for to enrolling a consumer in the	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, et is a sole proprietorship, the owner must sign the certification. This section The determinant of the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
	Ø		Ø	10

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer cligible	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of
through attestation	Connect		(This should be a subset of Block G.)	non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	8	8	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
10	4

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial ____

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
10	4	40

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

AC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Metrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co.

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Study Area Code (SAC) Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certification form for each AAC through which it provides Lifeline service) 2016 MN Clements Telephone Co. ETC Name Arvig Enterprises, Inc. Arvig Enterprises, Inc. Holding Company Name (If some as ETC name, Int 'NAA' Do not leave blank) Does the reporting company have affiliated ETCs? Yes No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section dephas' affiliate' as "a person that (directly or native owns or control, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also of C.F.R. § 76.1200. Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, article formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate laws (or partnership agreement), and would typically be president, vice president for operations, vice president for fina comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, a that, to the best of my knowledge, the company was presented with documentation of each consumer's househ income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the st Lifeline administrator prior to enrolling a consumer in			
Arig DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliated ETC's Name Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, article formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate laws (or partnership agreement), and would typically be president, vice president for operations, vice president for fina comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification Section 1: Initial Certification All ETCs must complete this section B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the st. Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code lists above.	361372		143002081
Recertification Year Arvig			Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
Arvig DBA, Marketing, or Other Branding Name (If same as ETC name, list "NA" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indire owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also at C.F.R. § 76.1200. Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporate laws (or partnership agreement), and would typically be president, vice president for operations, vice president formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate laws (or partnership agreement), and would typically be president, vice president for operations, vice president formation, article formation, or other similar legal document. An officer is a sole proprietorship, the owner must sign the certification. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, at that, to the best of my knowledge, the company was presented with documentation of each consumer's househ income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or 3) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the st Lifeline administrator prior to enrolling a consumer in the Lifeline program. am an officer of the company named above. I am	201 6	MN	Clements Telephone Co.
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am an officer of the company named above. I am authorized to make this certification for the Study Area Code lists bove.	mat, to the best of my k	nowledge, the company was	presented with documentation of such somewhat I is
50V6.) Confirm consumer eligib Lifeline administrator prior	ility by relying upon access r to enrolling a consumer in th	to a state database and/or notice of eligibility from the state the Lifeline program.
nitial SM	am an officer of the compa	ny named above. I am author	rized to make this certification for the Study Area Code listed
	nitial <u>SM</u>		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

	A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
claime FCC I curren	per of subscribers ed on February Form 497 of at Form 555 lar year ary data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
	2	Ø	Ø	Ø	3

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of
through attestation			(This should be a subset of Block G.)	non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
j j	1

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2		50

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No 🗵

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	0
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci malikowski@arvig.com Email Address of Officer	_ 6 - 21-17 Date
Loretta Tastad Person Completing This Certification Form	218-346-8446 Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co
4407	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

361374		143002083
Study Area Code (SAC		Service Provider Identification Number (SPIN)
(An Engible Telecommunical	tions Carrier (ETC) must provide a	certification form for each SAC through which it provides Lifeline service).
2016	MN	Arrowhead Communications Corporation
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Oth (If same as ETC name, list "N/	ner Branding Name 4" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa		Yes 🕱 No 🗖
owns or controls, is owned or con C.F.R. § 76.1200.	CHUR DIZI WERE LAMMUNICADARC	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached worksheet	!	
laws (or partnership agreeme comptroller, treasurer, or a co	nt), and would typically be no	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, r is a sole proprietorship, the owner must sign the certification.
I certify that the company list		
A) Review income and progratinat, to the best of my kn income and/or program-base.	am-based eligibility document nowledge, the company was sed eligibility prior to his or h	ation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or
 B) Confirm consumer eligibit Lifeline administrator prior 	lity by relying upon access to enrolling a consumer in th	to a state database and/or notice of eligibility from the state e Lifeline program.
I am an officer of the comparabove.	ny named above. I am author	ized to make this certification for the Study Area Code listed
Initial SM		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B + C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of
24	Ø	Ø	Ø	74

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	8	OX

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
24	9

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	
---------	--

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
24	9	38

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No 🛛

If yes, record the number of subscribers de-enrolled for non-usage by month in Block ${\it Q}$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Staci Malikowski

Certified Online
Signature of Officer
Signature of Officer
Staci malikowski@arvig.com
Email Address of Officer

Date

Loretta Tastad

Person Completing This Certification Form

Conf

Date 218-346-8446
Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	
361472	Melrose Telephone Company
361443	Redwood County Telephone Company
361391	Loretel Systems Inc.
361374	Felton Telephone Company
361383	Arrowhead Communications Corporation
	Eagle Valley Telephone Company
361372	Clements Telephone Co.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

361383		143002089		
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide to		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).		
201 6	201 5 MN Eagle Valley Telephone Company			
Recertification Year	State	ETC Name		
Arvig		Arvig Enterprises, Inc.		
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Provide a list of all ETCs that a determined in accordance with S owns or controls, is owned or co	section $3(2)$ of the Communications.	Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47		
C.F.R. § 76.1200. Affiliated ETC's SAC		Affiliated ETC's Name		
See attached workshee	et .			
aws (or partnership agreem comptroller, treasurer, or a comptroller. Section 1: Initial Cert	legal document. An officer is ent), and would typically be promparable position. If the file ification All ETCs must complete to			
	ted above has certification pro			
that, to the best of my	knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household are enrollment in Lifeline; and/or		
c) Confirm consumer eligil Lifeline administrator pri	pility by relying upon access or to enrolling a consumer in the	to a state database and/or notice of eligibility from the state ne Lifeline program.		
am an officer of the compa	any named above. I am author	rized to make this certification for the Study Area Code listed		
nitial SM				

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
28	Ø	Ø	1	27

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
\varnothing	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
27	9

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
27	9	34

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	0
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	. 0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
2	Staci Malikowski
Certified Online	Chief Financial Officer
Signature of Officer	Printed Name and Title of Officer
Staci.malikowski@arvig.com	6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clements Telephone Co
	Vientetts Telephone Co.

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

361385	143002091		
Study Area Code (SAC)	Service Provider Identification Number (SPIN)		
	certification form for each SAC through which it provides Lifeline service).		
201 6 MN	East Otter Tail Telephone Company		
Recertification Year State	ETC Name		
Arvig	Arvig Enterprises, Inc.		
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting company have affiliated ETCs?	Yes No No		
Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC	Affiliated ETC's Name		
See attached worksheet			
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be properties.	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.		
I certify that the company listed above has certification proc			
	•		
A) Review income and program-based eligibility document that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or h	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or		
3) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in the	to a state database and/or notice of eligibility from the state ne Lifeline program.		
am an officer of the company named above. I am authorbove.	rized to make this certification for the Study Area Code listed		
initial SM			

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
388	Ø	31	19	3.38

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
338_	130

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial ____

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: ILSAC

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above. Initial SM

OR C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
338	130	39

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block ${\it Q}$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
signed,	Staci Malikowski
Certified Online	Chief Financial Officer
Signature of Officer	Printed Name and Title of Officer
Staci.malikowski@arvig.com	_6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

AC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clamente Talanhara Company
	Clements Telephone Co.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Affiliated ETC's SAC See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by			
Arvig Felton Telephone Company Recertification Year State ETC Name Arvig Arvig Enterprises, Inc. DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) or sunder common ownership or control with, another person." 47 U.S.C. § 133(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's Name See attached worksheet Affiliated ETC's Name See attached worksheet To purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles or formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by aws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Receiting I. Initial Certification All ETCs must complete this section Certify that the company listed above has certification procedures in place to: Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. The provide a Life Life in the company named above. I am authorized to make this certification for the Study Area Code listed ove.			143002096
Recertification Year State Arvig DBA, Marketing, or Other Branding Name (If same as ETC name, list "NA" Do not leave blank) Does the reporting company have affiliated ETCs? Yes \ No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. "47 U.S.C. § 133(2). See also 47 Affiliated ETC's SAC See attached worksheet Affiliated ETC's Name See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of ormation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-aws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, omptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETC: must complete this section certify that the company listed above has certification procedures in place to: Neview income and program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. The provide a list of the company named above. I am authorized to make this certification for the Study Area Code listed ove.			Service Provider Identification Number (SPIN)
Recertification Year Arvig DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of ormation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by away (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, omptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section certify that the company listed above has certification procedures in place to: Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. The provide a list of the company named above. I am authorized to make this certification for the Study Area Code listed ove.	(An Engiole Telecommunica	ttions Carrier (ETC) must provide a	certification form for each SAC through which it provides Lifeline service).
Arvig Enterprises, Inc. DBA, Marketing, or Other Branding Name (if same as ETC name, list "N/A" Do not leave blank) Holding Company Name (if same as ETC name, list "N/A" Do not leave blank)	2016	MN	Felton Telephone Company
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be letermined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) was or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's Name See attached worksheet or purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles or purposes of this filling, and officer is a person who occupies a position specified in the corporate by two (or partnership agreement), and would typically be president, vice president for operations, vice president for inance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Pertion 1: Initial Certification All ETCs must complete this section Pervice income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. m an officer of the company named above. I am authorized to make this certification for the Study Area Code listed over.	Recertification Year	State	ETC Name
Obes the reporting company have affiliated ETCs? Yes No No No review a list "N/A" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No	Arvig		Arvig Enterprises, Inc.
Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be eletermined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) was or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 U.S.P.R. § 76.1200. Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet Or purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of introduction, or other similar legal document. An officer is a person who occupies a position specified in the corporate by was (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, amptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. m an officer of the company named above. I am authorized to make this certification for the Study Area Code listed by the company named above. I am authorized to make this certification for the Study Area Code listed by the company named above.	DBA, Marketing, or Ot (If same as ETC name, list "N.	her Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
with sor controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 Affiliated ETC's SAC Affiliated ETC's Name See attached worksheet or purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of ormation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bytws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Pertify that the company listed above has certification procedures in place to: Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. m an officer of the company named above. I am authorized to make this certification for the Study Area Code listed ove.	Does the reporting comp	any have affiliated ETCs?	Yes No No
See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-aws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, omptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. **ection 1:** Initial Certification All ETCs must complete this section** Certify that the company listed above has certification procedures in place to: Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. The purpose of the state of the company named above. I am authorized to make this certification for the Study Area Code listed ove.	owns or controls, is owned or co C.F.R. § 76.1200.	ection 5(2) of the Communications	Act That Section defines "affliate" as "a negroup that (diment
for purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of primation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bythe saws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section Descript that the company listed above has certification procedures in place to: Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. The analysis of the company named above. I am authorized to make this certification for the Study Area Code listed ove.	Affiliated ETC's SAC		Affiliated ETC's Name
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am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed ove.) Review income and progr that, to the best of my k	am-based eligibility documer mowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and
ove.	Confirm consumer eligib Lifeline administrator price	oility by relying upon access or to enrolling a consumer in t	s to a state database and/or notice of eligibility from the state the Lifeline program.
itial SM	m an officer of the compa	any named above. I am autho	orized to make this certification for the Study Area Code listed
	itial SM		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} \approx (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
6	Ø	Ø	Ø	6

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
6	2

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	
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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
6	9	34

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No 🛛

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	Staci Malikowski
Certified Online Signature of Officer Staci_malikowski@arvig.com Email Address of Officer Loretta Tastad Person Completing This Certification Form	Printed Name and Title of Officer Local 1-17 Date 218-346-8446 Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Feiton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clements Telephone Co.
	Giernaus reiephone Co.
<u> </u>	
Section 1991 Annual Control of the C	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

361408		143002104
Study Area Code (SAC (An Eligible Telecommunica		Service Provider Identification Number (SPIN) vertification form for each SAC through which it provides Lifeline service).
2016	MN	Home Telephone Company
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Otl (If same as ETC name, list "N	her Branding Name (A" Do <u>not l</u> eave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that ar determined in accordance with S	ection $3(2)$ of the Communications A	Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
C.F.R. § 76.1200.		
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	et	
formation, or other similar laws (or partnership agreem comptroller, treasurer, or a comptroller, or a co	legal document. An officer is ent), and would typically be properties that the properties of the prope	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
I certify that the company lis	ted above has certification pro-	cedures in place to:
A) Review income and programment that, to the best of my l	ram-based eligibility document cnowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household are enrollment in Lifeline; and/or
B) Confirm consumer eligib Lifeline administrator price	pility by relying upon access or to enrolling a consumer in the	to a state database and/or notice of eligibility from the state ne Lifeline program.
I am an officer of the comparabove.	any named above. I am author	rized to make this certification for the Study Area Code listed
Initial SM		

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Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
18	Ø	Ø	Ø	18

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	8

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
18	4

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial ____

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initia	1
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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or incligibility	Percentage of subscribers de-cnrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
18	4	23

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in $Block\ Q$ below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above procedures. I am an officer of the company named above Study Area Code (SAC) listed above.	
Signed,	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21 <u>-17</u>
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	
361491	East Otter Tail Telephone Company
361365	Twin Valley Telephone Company
361431	Callaway Telephone Company, Inc.
361448	Midwest Telephone Company
	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clements Telephone Co.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Shidy Aron Code (CA)	361443 143002124 143002124	
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunica	ations Carrier (ETC) must provide a c	vertification form for each SAC through which it provides Lifeline service).
2016	MN	Loretel Systems, Inc.
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Ot (If same as ETC name, list 'N	ther Branding Name WA" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
oes the reporting comp	any have affiliated ETCs?	Yes No No
etermined in accordance with S	Section $3(2)$ of the Communications λ	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
ffiliated ETC's SAC		Affiliated ETC's Name
See attached workshed	et	
rmation, or other similar vs (or partnership agreem	legal document. An officer is nent), and would typically be pro-	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
ction 1: Initial Cert	tification All ETCs must complete th	uis section
	tification All ETCs must complete the	
ertify that the company lis Review income and prog that, to the best of my	sted above has certification program-based eligibility document knowledge, the company was	
Review income and prog that, to the best of my income and/or program-b	sted above has certification program-based eligibility document knowledge, the company was ased eligibility prior to his or h	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state
Review income and prog that, to the best of my income and/or program-b Confirm consumer eligi Lifeline administrator pri	gram-based eligibility document knowledge, the company was assed eligibility prior to his or his bility by relying upon access or to enrolling a consumer in the	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
155	Ø	14	Ź	133

Recertification Results:

<u> </u>	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	o d

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
133	53	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
133	53	40

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	. 0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

	bove is in compliance with all federal Lifeline certification above. I am authorized to make this certification for the
Signed,	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci.malikowski@arvig.com	-6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

East Otter Tail Telephone Company Twin Valley Telephone Company Callaway Telephone Company, Inc.	
Twin Valley Telephone Company	
Callaway Telephone Company, Inc.	
Midwest Telephone Company	
Osakis Telephone Company	
The Peoples Telephone Co. of Bigfark	
Home Telephone Company	
Melrose Telephone Company	
Redwood County Telephone Company	
Loretel Systems Inc	
Felton Telephone Company	
Arrowhead Communications Corporation	
Eagle Valley Telephone Company	
Clements Telephone Co.	

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

361430 Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provi 201 MN Recertification Year State	143002117 Service Provider Identification Number (SPIN) ide a certification form for each SAC through which it provides Lifeline service). Melrose Telephone Company
(An Eligible Telecommunications Carrier (ETC) must provi	ide a certification form for each SAC through which it provides Lifeline service).
201 b MN	ide a certification form for each SAC through which it provides Lifeline service).
	Melrose Telephone Company
Recertification Year State	
1	ETC Name
Arvig	Arvig Enterprises, Inc.
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETC	
determined in accordance with Section 3(2) of the Communical	ETC, using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An office aws (or partnership agreement), and would typically	pant of a position listed in the article of incorporation, articles of er is a person who occupies a position specified in the corporate bybe president, vice president for operations, vice president for finance, e filer is a sole proprietorship, the owner must sign the certification.
certify that the company listed above has certification	
A) Review income and program-based eligibility docu	mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household
) Confirm consumer eligibility by relying upon ac Lifeline administrator prior to enrolling a consumer	cess to a state database and/or notice of eligibility from the state in the Lifeline program.
am an officer of the company named above. I am at pove.	uthorized to make this certification for the Study Area Code listed

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
209	Ø	7	8	194

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	X

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
194	(08

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OF

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Ini	tial	

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
194	68	35

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Study Area Code (SAC) listed above.	
Signed,	Staci Malikowski
Certified Online	Chief Financial Officer
Signature of Officer	Printed Name and Title of Officer
Staci_malikowski@arvig.com	- 6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clements Telephone Co

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

361431		143002118
Study Area Code (SAC		Service Provider Identification Number (SPIN)
(An Eligible Telecommunical	ions Carrier (ETC) must provide a c	certification form for each SAC through which it provides Lifeline service).
2016	MN	Midwest Telephone Company
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Oth [If same as ETC name, list "N/A	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	ony have affiliated ETCs?	Yes No No
aeterminea in accordance with Se	ection 3(2) of the Communications 2	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	t	
ormation, or other similar leaves (or partnership agreeme omptroller, treasurer, or a co	egal document. An officer is ont), and would typically be pr	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, ir is a sole proprietorship, the owner must sign the certification.
	ed above has certification prod	
) Review income and prograthat, to the best of my k	am-based eligibility document	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or
Confirm consumer eligib Lifeline administrator prior	ility by relying upon access r to enrolling a consumer in th	to a state database and/or notice of eligibility from the state ne Lifeline program.
am an officer of the compa ove.	ny named above. I am author	rized to make this certification for the Study Area Code listed
itial SM		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
82	Ø	5	a	75

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
75	29

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

w	8 4 B		
ln	itial		

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
75	29	39

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.		
Signed,	Staci Malikowski	
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer	
Staci_malikowski@arvig.com Email Address of Officer	_ 6-31-17	
Loretta Tastad Person Completing This Certification Form	218-346-8446 Contact Phone Number	

AC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Lorefel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Fagle Valley Telephone Company
361372	Clements Telephone Co.
9	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

361448		143002126	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a c		Service Provider Identification Number (SPIN) a a certification form for each SAC through which it provides Lifeline service).	
2016	MN	Osakis Telephone Company	
Recertification Yea	r State	ETC Name	
Arvig		Arvig Enterprises, Inc.	
DBA, Marketing, o (If same as ETC name, li	r Other Branding Name st "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting co	ompany have affiliated ETCs	? Yes No	
determined in accordance y	vith Section 3(2) of the Communicatio	TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
See attached work	sheet		
formation, or other sim laws (or partnership agr	ilar legal document. An officer eement), and would typically be	nt of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by- e president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial	Certification All ETCs must comple	ete this section	
I certify that the compan	y listed above has certification	procedures in place to:	
that, to the best of	my knowledge, the company v	nentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or	
B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility Lifeline administrator prior to enrolling a consumer in the Lifeline program.			
am an officer of the cabove.	ompany named above. I am au	thorized to make this certification for the Study Area Code listed	
nitial SM			

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
29	ø	3	3	24

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
24	10

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: $\lambda \leq A C$

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$		
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response		
24	10	42		

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No 🛛

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing	below.	, I certify	that the	company	listed a	above is	in co	mpliance w	ith:	all fed	leral	Lifeline cer	ificat	ion
procedures	. I am	an office	r of the	company	named	above.	I am	authorized	l to	make	this	certification	for	the
Study Area	Code ((SAC) lis	ted abov	e.										

Signed,	Staci Malikowski
Certified Online	Chief Financial Officer
Signature of Officer	Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21-12
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	
361443	Redwood County Telephone Company Loretel Systems Inc.
361391	
361374	Felton Telephone Company
361383	Arrowhead Communications Corporation
361372	Eagle Valley Telephone Company
	Clements Telephone Co

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

361453		143002129
Study Area Code (SAC	<u>-</u> "	Service Provider Identification Number (SPIN)
(An Eligible Telecommunica	tions Carrier (ETC) must provide a c	ertification form for each SAC through which it provides Lifeline service).
201 6	MN	The Peoples Telephone Co of Bigfork
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Oth (If same as ETC name, list "No	her Branding Name (A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	any have affiliated ETCs?	Yes No No
determined in accordance with S	ection $3(2)$ of the Communications λ	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	et	
Formation, or other similar aws (or partnership agreem comptroller, treasurer, or a comptroller, treasurer, or a comptroller.	legal document. An officer is ent), and would typically be promparable position. If the file	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cert	ification All ETCs must complete th	is section
certify that the company lis	ted above has certification pro-	cedures in place to:
that, to the best of my l	knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household ter enrollment in Lifeline; and/or
Confirm consumer eligil Lifeline administrator pri	bility by relying upon access or to enrolling a consumer in the	to a state database and/or notice of eligibility from the state ne Lifeline program.
am an officer of the composite.	any named above. I am author	rized to make this certification for the Study Area Code listed
nitial <u>SM</u>		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
33	Ø			31

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)		
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt		
Ø	Ø	Ø	Ø	6		

K	L					
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC					
31	12					

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

Ī	n	it	ia	1				

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or incligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
3	12	39

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes \(\bigcup \) No \(\bigcit{X}\)

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	. 0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Staci Malikowski
Chief Financial Officer
Printed Name and Title of Officer
_ 6-21-17
Date
218-346-8446
Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365 361431	Callaway Telephone Company, Inc.
	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361472		143002132
Study Area Code (SAC (An Eligible Telecommunica		Service Provider Identification Number (SPIN) vertification form for each SAC through which it provides Lifeline service).
201 6	MN	Redwood County Telephone Company
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Otl	her Branding Name (A" Do <u>not l</u> eave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	any have affiliated ETCs?	Yes No using page 4 and additional sheets if necessary. Affiliation shall be
determined in accordance with S	ection $3(2)$ of the Communications I	assing page 4 and diditional sneets ty necessary. Affiliation snatt be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	t	
formation, or other similar laws (or partnership agreem comptroller, treasurer, or a comptroller, or a compt	legal document. An officer is ent), and would typically be properties to the properties of the propert	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
I certify that the company lis	ted above has certification pro-	cedures in place to:
that, to the best of my l	enowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household er enrollment in Lifeline; and/or
B) Confirm consumer eligib Lifeline administrator prior	pility by relying upon access or to enrolling a consumer in the	to a state database and/or notice of eligibility from the state ne Lifeline program.
I am an officer of the compa above.	any named above. I am author	rized to make this certification for the Study Area Code listed
Initial SM		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
42	Ø	2	2	38

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
38	12

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

Initial	

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
38	12	32

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co.
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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

369007		143019685
Study Area Code (SAC) Service Provider Identification Number (SPIN		
(An Eligible Telecommunica	itions Carrier (ETC) must provide a c	vertification form for each SAC through which it provides Lifeline service).
2016	MN	Tekstar Communications, Inc.
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that an determined in accordance with S	Section $3(2)$ of the Communications A	Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	et	
formation, or other similar laws (or partnership agreem comptroller, treasurer, or a comptroller, or a	legal document. An officer is ent), and would typically be pr	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
	sted above has certification pro-	
A) Review income and prog that, to the best of my l	ram-based eligibility document knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household are enrollment in Lifeline; and/or
Confirm consumer eligil Lifeline administrator price	bility by relying upon access or to enrolling a consumer in th	to a state database and/or notice of eligibility from the state ne Lifeline program.
am an officer of the compa	any named above. I am author	rized to make this certification for the Study Area Code listed
Initial SM		

1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
442	Ø	19	2 <i>5</i>	398

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
398	150

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

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L	ЛĽ	z	ш	21	u.	

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
398	150	38

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No X

If yes, record the number of subscribers de-enrolled for non-usage by month in Block O below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Study Area Code (SAC) listed above.	
Signed,	Staci Malikowski
Certified Online Signature of Officer	Chief Financial Officer Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co
301372	Clements retephone Co
(4.24)	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

361491		143002141
Study Area Code (SAC		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
(111 Disgrote Xetebonimanice	anons currer (21 c) must provide a c	englamon jorm jor auch ure arrough which it provides Ligetile service).
2016	MN	Twin Valley-Ulen Telephone Company
Recertification Year	State	ETC Name
Arvig		Arvig Enterprises, Inc.
DBA, Marketing, or Ot (If same as ETC name, list "N	ther Branding Name WA" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	pany have affiliated ETCs?	Yes No No
determined in accordance with S	Section 3(2) of the Communications A	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) vership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshe	et	
ormation, or other similar aws (or partnership agreem omptroller, treasurer, or a o	legal document. An officer is nent), and would typically be pro-	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
	sted above has certification pro-	
corning that the company in	seed above has confined for pro-	beddies in place to.
that, to the best of my	knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and presented with documentation of each consumer's household are enrollment in Lifeline; and/or
that, to the best of my income and/or program-b Confirm consumer eligi	knowledge, the company was passed eligibility prior to his or h	presented with documentation of each consumer's household er enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state
that, to the best of my income and/or program-b Confirm consumer eligi Lifeline administrator pri	knowledge, the company was based eligibility prior to his or h ibility by relying upon access for to enrolling a consumer in the	presented with documentation of each consumer's household er enrollment in Lifeline; and/or to a state database and/or notice of eligibility from the state

1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} \approx (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
134	Ø	5	4	125

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
Ø	Ø	Ø	Ø	Ø

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
125	49

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial SM

OR

Initial		
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Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
125	49	40_

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No 🗵

If yes, record the number of subscribers de-enrolled for non-usage by month in Block O below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
,	Staci Malikowski
Certified Online	Chief Financial Officer
Signature of Officer	Printed Name and Title of Officer
Staci.malikowski@arvig.com	_ 6-21-17
Email Address of Officer	Date
Loretta Tastad	218-346-8446
Person Completing This Certification Form	Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley Telephone Company
361365	Callaway Telephone Company, Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361372	Clements Telephone Co.
	Generics releprione Co.